



June 25, 2021

Web Announcement 2531

Attention All Providers: Claims Submission Time Frame Reminders

Providers are required to submit claims to Nevada Medicaid within the specific time frame set by Medicaid. To be considered timely, claims must be received by Nevada Medicaid within 180 days from the date of service or the date of eligibility decision, whichever is later. For out-of-state providers or when a third-party resource exists, the timely filing period is 365 days.

Please note that the timely filing period is not extended on appropriately denied claims. Stale date criteria are strictly adhered to whether the claim is initially received or being appealed for a stale date override.

Providers are responsible for submitting clean, accurate and complete claims to ensure accurate payment within Medicaid time frames.

For additional information, please refer to "What is the timely filing (stale date) period?" in Chapter 7: Frequently asked billing questions in the [Billing Manual for Nevada Medicaid and Nevada Check Up](#).